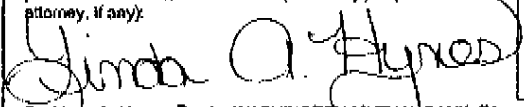


Exhibit C

FORM B10

Case Number:

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY DISTRICT OF NJ		PROOF OF CLAIM
Name of Debtor: DAVID A. RIVERA and MARIANNE M. RIVERA		Case Number 04-22865/JHW
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): WASHINGTON MUTUAL BANK, FA Name and address where notices should be sent: WASHINGTON MUTUAL BANK, FA, P.O. Box 1169, Milwaukee, Wisconsin 53201-1169 All Payments to: WASHINGTON MUTUAL BANK, FA Attn: Default Cash Processing - Aftel 9601 McAllister Freeway San Antonio, TX 78216 Telephone Number: 414-359-XXXX	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: Loan Number: 6018587207 Atty File #: 01-41614		Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated:
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other:		
2. Date Debt was incurred January 31, 2000		
3. If court judgment, date obtained:		
4. Total Amount of Claim \$ 130,289.99 <i>Principal Balance Only</i> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.		
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other: Note on: 2203 BEACON HILL DRIVE, SICKLERVILLE, NJ 08081 Value of Collateral: \$ Amount of arrearage and other charges at time case filed included in secured claim, if any \$24,652.96	6. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4300)* earned within 90 days within filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a-). <small>Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date May 27, 2004	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;">  By: Linda A. Hynes, Esq. for WASHINGTON MUTUAL BANK, FA Shapiro & Diaz, LLP, 406 Lippincott Drive, Suite J, Marlton, NJ 08053 (856) 810-1700 Fax: (856) 810-1626 </div> <div style="font-size: x-small; margin-top: 5px;"> All creditors and their counsel who file a proof of claim are required to serve by first class mail a true copy of such proof of claim and all attachments thereto upon the Debtors Counsel or Record whose address is shown on the Notice of the Creditors Meeting. </div>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3671.		Mail Executed Proof to

* Show Creditors SSN or Tax ID # and Office Code Here:
 (Bank shows Bank Routing Number)

(To be used solely for purpose of processing claim.
 If number not shown, claim cannot be processed.)

UNITED STATES BANKRUPTCY COURT
District Of New Jersey District of NJ
EXHIBIT 'A'

In Re: DAVID A. RIVERA and
MARIANNE M. RIVERA

Principal Balance: \$130,289.99

BK Case #: 04-22865/JHW

Pre-Petition
Payments Due From: April 1, 2003 - April 1, 2004

Date on May 27, 2004
POC:

Client: WASHINGTON MUTUAL BANK, FA

No. of Months 13	X Monthly Payment of	\$1,524.78	=	\$19,822.14
No. of Months 04	X Monthly Late Charge of	\$30.50	=	\$122.00
No. of Months 01	X Monthly Late Charge of	\$30.50	=	\$30.50
Unapplied/Suspense			=	\$0.00
Accrued Late Charges			=	\$773.87
Appraisal Fees			=	\$0.00
NSF Check Charges			=	\$0.00
Property Inspection			=	\$109.30
Property Preservation			=	\$0.00
Other:	REIMBURSED THRU THE PRIOR BKY @ \$-853.29			
Other:	PRIOR BKY FEES/COSTS @ \$825.00			
	TOTAL		=	\$20,829.52
Bankruptcy Fees			=	\$375.00*
Bankruptcy Costs			=	\$0.00
Prior Foreclosure Fees			=	\$1,550.00
Prior Foreclosure Costs			=	\$1,898.44
TOTAL PRE-PETITION ARREARAGES AND ATTORNEY FEES AND COSTS DUE FOR PROOF OF CLAIM			=	\$24,652.96

Creditor:
WASHINGTON MUTUAL BANK, FA
P.O. Box 1169, Milwaukee, Wisconsin 53201-1169

Attorney:
Linda A. Hynes, Esq
Shapiro & Diaz, LLP, 406 Lippincott Drive, Suite J, Marlton, NJ
08053
(856) 810-1700 Fax: (856) 810-1626